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EXAMINER ROBERT M. KELLY USPTO, GAU 1632	571.272.0729	571.273.8300

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RE: U.S. APPLICATION NO. 09/719,067 - FILING DATE: 08/16/2001

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- Transmittal Form
- Fee Transmittal w/auth to Charge Deposit Acct. \$1020 (dupl.)
- Petition for 3 Mos. Extension of Time (dupl.)
- Amendment and Request for Reconsideration (21 pages)

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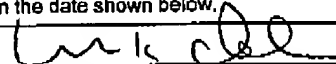
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/718,067
	Filing Date	08/16/2001
	First Named Inventor	David B. Weiner
	Art Unit	1632
	Examiner Name	Robert M. Kelly
Total Number of Pages in This Submission	Attorney Docket Number	UPAP0025-100

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Official Facsimile Cover Sheet
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Cozen O'Connor		
Signature			
Printed Name	Mark DeLuca		
Date	12/12/05	December 12, 2005	Reg. No. 33,229

CERTIFICATE OF TRANSMISSION/MAILING			
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